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CONFIRMATION NO. 3349

SERIAL NUMBER 10/637,847	FILING DATE 08/07/2003  RULE	CLASS 422	GROUP ART UNIT 1722	ATTORNEY DOCKET NO. 20174C-004940
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/117,978 04/05/2002  
 which claims benefit of 60/323,524 09/17/2001  
 and is a CIP of 09/887,997 06/22/2001  
 which is a CIP of 09/826,583 04/06/2001 PAT 6,899,137  
 This application 10/637,847  
 is a CIP of 10/265,473 10/04/2002  
 and claims benefit of 60/447,157 02/12/2003  
 and claims benefit of 60/433,160 12/13/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/03/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 63	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

Microfluidic protein crystallography

<p>FILING FEE RECEIVED 845</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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